

JAN 22 1941 900
Registration District No.Primary Registration District No. **6207**

Registrar's No.

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural Nianqua township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community life
years, months or days) 2

3. (a) PRINT

FULL NAME Laura Anne Dudley

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex

Female

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Jim Dudley

6. (c) Age of husband or wife If

alive 67 years

7. Birth date of deceased

February2 - 1872

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

6883X hr. X min.

9. Birthplace

Webster Co., Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

12. Name Jim Smith13. Birthplace Webster Co., Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name Nancy Anne Williams15. Birthplace Wade Co., Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Cunice Dudley

(b) Address

Nianqua, Mo.17. (a) Burial

(Burial, cremation, or removed)

(b) Date thereof

Oct 6 - 1940

(Month) (Day) (Year)

(c) Place: burial or cremation

Opening

18. (a) Signature of funeral director

Rep. Rainey

(b) Address

Marshallfield Mo.

19. (a)

Dec. 9, 1940

(b)

Haller Schlicht

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Nianqua township
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1940 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from Oct 1 - 40
Oct 5, 1940,
that I last saw him alive on Oct 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to Stroke

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 847

While at work?

(Specify type of place)

(a) Means of injury

23. Signature H. F. Schlicht

(M. D. or other)

Address Marshallfield

Date signed

RECEIVED

District Health Officer No. 6,

District File Number 1240-3056

Date Filed DEC 19 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 6312

P. O. Address Marshfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.